

PART B—ISSUE FEE TRANSMITTAL

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30 2001

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

022195 HM12/1004
HUMAN GENOME SCIENCES INC
9410 KEY WEST AVENUE
ROCKVILLE MD 20850

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|---|--------------|-----------------------------|---------------|
| 09/236,468 | 01/25/99 | 022 | SPECTOR, L | 1647 10/04/01 |
| First Named Applicant | SOPPET, 35 USC 154(b) term ext. = 0 Days. | | | |

TITLE OF INVENTION G-PROTEIN PARATHYROID HORMONE RECEPTOR HLTDG74

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------------------------------|----------|
| 1 PF201D1 | 435-069.100 | N10 | UTILITY | NO | \$1240.00 \$1280.00 | 01/04/02 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

Human Genome Sciences, Inc.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, the assignee will appear on the patent as the inventor. Completion of this form is required.

(A) NAME OF ASSIGNEE

Human Genome Sciences, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Rockville, MD

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Janet M. Martineau

(Reg. No. 46,903)

(Date)

NOVEMBER 30, 2001

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

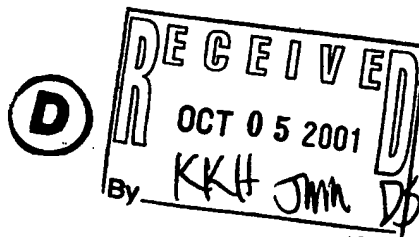
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12/03/2001

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